

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Public Service Commission		CONTACT PERSON Wm. Jeffrey Jernigan	TELEPHONE NUMBER 601-961-5821	
ADDRESS P.O. Box 1174		CITY Jackson	STATE MS	ZIP 39215
EMAIL Jeff.jernigan@psc.state.ms.us	SUBMIT DATE 7/9/2010	Name or number of rule(s): <u>PUBLIC UTILITIES RULES OF PRACTICE AND PROCEDURAL Rule 6-109</u>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To clarify its procedures for designation and filing of confidential information.

Specific legal authority authorizing the promulgation of rule: 77-3-45

List all rules repealed, amended, or suspended by the proposed rule: Public Utilities Rules of Practice and Procedure Rule 6.109.

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: _____

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 Accepted for filing by <u>17131</u> <u>CB</u>	Accepted for filing by